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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10320]

Agency Information Collection Activities: Submission for OMB Review; Comment Request:

AGENCY: Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: Revision of a currently approved collection; Title: Health Care Reform Insurance Web Portal Requirements [45 CFR part 159](#); Use: This information collection is mandated by Sections 1103 and 10102 of The Patient Protection and Affordability Care Act, [Public Law 111-148](#) (ACA). Once all of the information is collected from insurance issuers of major medical health insurance (hereon referred to as issuers) and other affected parties, it will be displayed at <http://www.healthcare.gov>. Issuers are required to provide information quarterly, and healthcare.gov will be updated on a periodic

schedule during each quarter. The information provided will help the general public make educated decisions about organizations providing private health care insurance.

In accordance with the provisions of the ACA referenced above, the U.S. Department of Health and Human Services created a Web site called [healthcare.gov](http://healthcare.gov) to meet these and other provisions of the law, and data collection was conducted for six months based upon an emergency information collection request. The interim final rule published on May 5, 2010 served as the emergency Federal Register notice for the prior Information Collection Request (ICR). The Office of Management and Budget (OMB) reviewed this ICR under emergency processing and approved the ICR on April 30, 2010. The original 60-day comment period began on June 5, 2012 and pertained to the Health Care Reform Insurance Web Portal Requirements, and closed on August 6, 2012. We received a total of 9 public comments. The majority of the comments regarded Essential Health Benefits (EHB), with 1 public comment on [Healthcare.gov](http://Healthcare.gov). Most public comments addressed multiple issues. We have taken into consideration all the proposed suggestions and strive to minimize duplicate data entry and to maximize the flexibility of users. In addition, to help adjust to the new data system, weekly calls are held with issuers to address any other questions which may emerge. Detailed user guides have been prepared and only await finalization of collection authority before dissemination. Help desk service and email are also available for questions. Furthermore, CMS reviews and notifies issuers of any problematic links submitted. Additionally, we are seeking ways to reduce emails to data attestors while continuing to ensure these individuals, as well as the various submitters and data validators, are informed moving forward.

We are currently updating a system (hereon referred to as web portal) where State Departments of Insurance and issuers may log in using a custom user ID and password validation. The states may be asked to provide information on issuers in their state and various web sites maintained for consumers. The issuers will be tasked with providing information on their major medical insurance products and plans. They will ultimately be given the choice to download a basic information template to enter data then upload into the web portal; to manually enter data within the web portal itself; or to submit .xml files containing their information. Once the states and issuers submit their data, they will receive an email notifying them of any errors, and that their submission was received. We are mandating the issuers verify and update their information on a quarterly basis, and are requesting that states verify state-submitted information on an annual basis. In the event that an issuer enhances its existing plans, proposes new plans, or deactivates plans, the organization would be required to update the information in the web portal. Changes occurring during the three month quarterly periods will be allowed utilizing effective dates for both the plans and rates associated with the plans.

Information that is to be collected from state high risk pools will be collected from The National Association of State Comprehensive Health Insurance Plans (NASCHIP) at this time. Updates to this information may be submitted voluntarily. The estimated hour burden on issuers for the Plan Finder data collection in the first year is estimated as 90,400 total burden hours, or 113 hours per organization. This estimate is based on an assumed average of 450 individual plan issuers and 700 small group plan issuers per each of the four quarterly collections. It includes 30 hours per organization for training and communication. Additionally, for each of the issuers it includes 11 hours of preparation time, one hour of login and upload time, two hours of

troubleshooting and data review, and one half hour for attestation per organization per quarterly refresh. The estimated hour burden on the states is informed by the fact that they have already submitted the data once and only need to update. The overall hours estimate is 575, or 11.5 per Department of Insurance. This is premised on 2 hours of training and communication, 8 hours for data collection, and one half hour of submission. Form Number: CMS-10320 (OCN: 0938-1086); Frequency: Annually, quarterly; Affected Public: Business or other for-profits and States; Number of Respondents: 850; Total Annual Responses: 3,051; Total Annual Hours: 91,225. (For policy questions regarding this collection, contact Joe Mercer at (301) 492-4265. For all other issues, call (410) 786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326. Interested parties are invited to send comments regarding the burden or any other aspect of these collections of information requirements. To ensure consideration of your comments and recommendations, they must be submitted in one of the following ways by September 13, 2012:

1. Electronically. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.
2. By regular mail. You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs

Division of Regulations Development

Attention: CMS-10320/OCN 0938-1086)

Room C4-26-05

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Dated: August 10, 2012

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Office of Strategic Operations and Regulatory Affairs

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